

2009 NOV 23 AM 8:25

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

MONROE COUNTY CONSERVATIVES FOR "TOM REED FOR CONGRESS - 29 TH CD"

ADDRESS (number and street)

24 BOYD DR.

(Check if address is changed)

ROCHESTER

NY

14616-

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

PKOSIOREK@HOTMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.MCCP.US

2. DATE

10 26 2009

3. FEC IDENTIFICATION NUMBER

C

TO BE ASSIGNED AFTER APPLICATION ACCEPTED

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

PAULA M. KOSIOREK

Signature of Treasurer

Paula M. Kosiorik

Date

10 26 2009

(c) 585-329-2950

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

29030192437

5. TYPE OF COMMITTEE

Candidate Committee:

(a)  This committee is a principal campaign committee. (Complete the candidate information below.)

(b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ Office Sought:  House  Senate  President State \_\_\_\_\_ District \_\_\_\_\_

(c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate TIM RIEID \_\_\_\_\_

Party Committee:

(d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- Corporation  Corporation w/o Capital Stock  Labor Organization
 Membership Organization  Trade Association  Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- 1. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

29030192438

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

MONROE COUNTY CONSERVATIVE PARTY

Mailing Address

24 BOYD DR

ROCHESTER NY 14616

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

29030192439

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

PAULA M. KOSIOREK

Mailing Address

24 BOYD DR

ROCHESTER NY 14616

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

585-329-2950

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

PAULA M. KOSIOREK

Mailing Address

24 BOYD DR

ROCHESTER NY 14616

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

585-329-2950

Full Name of Designated Agent

Mailing Address

Title or Position

Telephone number

CITY

STATE

ZIP CODE

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CANANDAIGUA

~~CANANDAIGUA~~ NATIONAL BANK

Mailing Address

12,455, W. RIDGE, RD.

ROCHESTER

NY

14626

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29030192440

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

|  |   |
|--|---|
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| <input type="checkbox"/> USPS Express Mail                                       | Postmarked  |
| <input type="checkbox"/> Postmark Illegible                                      |   |
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|  | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office       | Date of Receipt                                     |
| <input type="checkbox"/> Received from Senate Public Records Office              | Date of Receipt                                     |
| <input type="checkbox"/> Received from Electronic Filing Office                  | Date of Receipt                                     |
| <input type="checkbox"/> Other (Specify):  | Date of Receipt or Postmarked                       |

*[Signature]*

PREPARER  
(3/2005)

11/23/09

DATE PREPARED

29030192441